CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

(month, day, year)

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED

A PUBLIC DOCUMENT

JAN 31 2019

(FIRST) NAME OF FILER (LAST) MOU 1. Office, Agency, or Court Agency Name (Do not use acronyms) Councilmember COUNCIL MEMBER/ ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Successor Agency, Housing Authority Commissioner Agency: Roadway & Lighting, Sanitation District Position: 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State Multi-County = County of _ City of Lemon Grove Other. 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2018, through Leaving Office: Date Left ____/__ (Check one circle.) December 31, 2018. O The period covered is January 1, 2018, through the date of The period covered is _________ through -or- leaving office. December 31, 2018. Assuming Office: Date assumed The period covered is ____ the date of leaving office. and office sought, if different than Part 1: Candidate: Date of Election ___ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: _ Schedules attached Schedule C - Income, Loans, & Business Positions – schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- ☐ None - No reportable interests on any schedule 5. Verification ZIP CODE STATE MAILING ADDRESS (Business or Agency Address Recommended - Public Document) 3232 DAYTIME TELEPHONE NUMBER darambulae lemonarove, ca. gov I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct Signature. Date Signed (File the originally signed paper statement with your filing official.)

SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
David Arambula		

NAME OF SOURCE OF INCOME	
	NAME OF SOURCE OF INCOME
Rivera I shackelford Law Firm	
ADDRESS (Business Address Acceptable) San Diego	ADDRESS (Business Address Acceptable)
4901 Movena Blvd #111. A 92717	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Litigation Consultant	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000	\$1,001 - \$10,000
★ \$10,001 - \$100,000 □ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Sopouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real properly, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
a retail installment or credit card transaction, made in th	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's
	5.
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
NAME OF LENDER*	
NAME OF LENDER* ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years) % None
	INTEREST RATE TERM (Months/Years)
	INTEREST RATE TERM (Months/Years) % None
ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Personal residence
ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Personal residence
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Personal residence
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	INTEREST RATE TERM (Months/Years)